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Substitute for form 1449/PTO		Complete if Known		
		Application Number	10/550,774	
INFORMATION DISCLOSURE		Filing Date	September 27, 2005	
		First Named Inventor	Michael Sych	
	ENT BY APPLICANT	Art Unit	1614	
(Use as many sheets as necessary)		Examiner Name	(not yet assigned)	
Chart 1	1	Attorney Docket Number	BR_153	

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Examiner Initials*	Cite No. ¹	Document Number Number-Kind Code ^{2 (fl known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevan Figures Appear
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Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages	
		Country Code ³ Number ⁴ Kind Code ⁵ (<i>if known</i>)	MM-DD-YYYY	1,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4	Or Relevant Figures Appear	Т
	F1	WO 00/28992	05-25-2000	AVENTIS PHARMA S.A.	All	
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